



**PERS 801G INSERVICE
PROCUREMENT**

**FY05 LDO/CWO
APPLICATION**

OPNAV 1420/1 (REV 07-02)

Applicant's Name (Last, First, MI)

JOE BAG'ODONUTS

Rate/Rank

YN1/E6

SSN

123-45-6789

1. Other Names Used (i.e., maiden name)

2. Indicate Program(s) to which applying:

LDO MECP (Nurse) MSC IPP (Check Program)
 CWO OCS HCA Direct Training
 Physician Assistant
 Radiation Health Direct (Training Bachelors Masters)
 Environmental Health
 Industrial Health Direct (Training Bachelors Masters)
 Entomology
 Pharmacy

3. Desired Community/Designator (Required for OCS, LDO, and CWO applicants. Optional for all other programs.)

a. 641X b. _____ c. _____

PERSONAL INFORMATION	
4. Gender (Check one option)	5. Date of Birth <u>16/07/73</u> (dd/mm/yy)
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. Citizenship	7. Martial Status (Check one option not required for LDO/CWO/MECP)
a. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married
b. Place of Birth <u>Marrero, LA</u>	<input type="checkbox"/> Divorced
c. If a naturalized citizen, provide the following (attach a copy of your certificate):	<input type="checkbox"/> Separated
(1) Naturalization number: _____	<input type="checkbox"/> Single
(2) Place where naturalized: _____	
(3) Date of naturalization: _____	
d. Citizenship Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach a birth certificate or provide certificate number and attach verification of birth (DD 372) _____	
8. Number of Dependents (Not Required for LDO/CWO/MECP/MSC/IPP)	9. UIC <u>21834</u>
Spouse _____	
No. Dependent Children _____	
No. of other dependents Explain _____	
11. Command Address (FPO/APO address)	12. Current Mailing Address (Home)
Name of Command <u>USS SEAWOLF (SSN 21)</u>	Street <u>238C Vergason Avenue</u>
Street _____	City <u>MUNFORD</u>
City <u>FPO</u> State <u>AE</u>	State <u>TN</u>
Zip Code <u>09587-2301</u>	Zip Code <u>38004-6219</u>
Phone/DSN <u>555-1212</u>	Phone <u>BR-549</u>
Fax <u>555-1234</u>	Fax _____
E-Mail CCC <u>BOSS@NEVERAIL.COM</u>	E-Mail <u>FRED @hotmail.com</u>
CMD XO <u>BOSS@NAVY.MIL</u>	
CMD CO <u>CO@BOSS@NAVY.MIL</u>	
13. Race: (Check any that apply)	
<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific	
Islander <input type="checkbox"/> Other	

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14. Time in Rate 01/01/02 (dd/mm/yy)

15. Branch of Service and Component (Check appropriate block)

USN USNR USNR-R USMC USNR (TAR) Other (Specify) _____

16. Warfare Qualification(s)

(1) SS _____ (2) DV _____ (3) _____ (4) _____

17. Active Duty Service Date 22/07/93 (dd/mm/yy)

18. TESTING SCORES (See specific chapters per officer program) (Not required for LDO/CWO)

TEST	SCORES	TEST	SCORES
AFQT		GRE	
VE		GMAT	
AR		P/FOFAR	
SAT/ACT		P/FOBI	
		OAR	
		AQT	

19. PRT INFORMATION Provide the following information for the last three consecutive official PRTs. (For Marine personnel applying for MECP or MSC IPP provide a copy of your PFT record.) (Not required for LDO/CWO)

Date of PRT	Final Score	Overall Score	Run/ Swim	Sit Ups	Push Ups	Height	Weight	Percent Body Fat
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						

PRT Coordinator (Print Name and Rate/Rank)

PRT Coordinator Signature and date

20. DUTY ASSIGNMENT HISTORY (List last 5 commands)

Dates (from/to)		Position (Primary Duty)	Command
3 OCT 00	PRESENT	Leading Yeoman	USS SEAWOLF (SSN 21)
21 JUL 97	5 SEP 00	Flag Staff Yeoman	Commander, Submarine Group TWO
17 Feb 94	14 Jul 97	Yeoman	USS AUGUSTA (SSN 710)

* attach separate sheet if more space is necessary

FOR OFFICIAL USE ONLY (When filled in)

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SSN

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YN1/E6

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EDUCATION

21. **HIGH SCHOOL:** (For LDO/CWO attach proof of GED if not a High School Graduate) (Not required for OCS, MECP, and MSC IPP)

a. High School Graduation Date 12/5/71 (dd/mm/yy)

b. High School(s) Attended (Name & location):

(1) _____
 (2) _____
 (3) _____

c. GED Date _____ (dd/mm/yy)

22. **COLLEGE:** (Attach one certified copy of all college transcript(s))

a. Associate's Degree _____ Date of Degree _____
 b. Bachelor's Degree _____ Major _____ Date of Degree _____
 c. Number of college credits if Bachelor's Degree is not complete _____
 d. Anticipated date of graduation if Bachelor's Degree is not complete _____
 e. Graduate Degree _____ Major _____ Date of Degree _____

23. **Degree Preference** (Not required for OCS, MECP, and LDO/CWO.)

a. Desired Course of Study (Major) _____
 b. University Preference(s):
 (1) _____ (3) _____
 (2) _____ (4) _____

PERSONAL HISTORY

24. **Personal Awards** (Attach one copy of each award citation)

AWARD	COMMAND (Short Title)	Date Awarded
NAM	SEAWOLF	24 JAN 03
NAM	COMSUBGRU TWO	28 AUG 00
NAM	COMSUBGRU TWO	25 AUG 99
LOC	COMSUBGRU EIGHT	DEC 01

* attach separate sheet if more space is necessary

25. **Service Schools** (SMART Transcript is not required for LDO/CWO.)

Name and Location of School Attended	Date of School	Class Standing (if applicable)
Submarine YN/PN Advanced Administration Course	7 Jun 96	
SCUBA Diver (COI: A-433-0023)	21 Sep 95	
Basic Enlisted Submarine School (A-060-0011)	13 Dec 93	15 of 30
YN "A" School	10 Dec 93	9 of 25

* attach separate sheet if more space is necessary

26. **Correspondence Courses** (Exclude rate required courses.)

Correspondence Course Title	Date Completed
Navy Customer Service Manual	6 Jul 02
Educational Services Officer	3 Jan 03

* attach separate sheet if more space is necessary

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27. Extracurricular Activities

1. Navy Diver - Leading Diver and Diving Supervisor on board USS SEAWOLF (SSN 21) from October 2000 to present.
2. Assistant PRT Coordinator on board USS SEAWOLF (SSN 21) from October 2000 to present.
3. Ship's Schools Coordinator on board USS SEAWOLF (SSN 21) from January to May 2002.
4. Coached football in the Moosup, CT Midget Football Association from October 2000 to December 2000.
- 5.

28. Special Abilities: (List all foreign language skills; flying experience, including airframe and hours; computer skills, etc.)

1. NA
- 2.
- 3.

29. Civil/Military Offense(s) (List all incidents except minor offenses that impose a fine of \$300.00 or less, exclusive of court charges) Have you ever been cited, arrested, convicted, or fined for any violation of any law or ordinance? Yes No. If yes, give complete description of incident(s). State where and when each incident occurred, the nature of offense(s), and the date and disposition of case(s). (Include NJPs and Courts Martial). NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.

Offense(s)	Place of Offense(s)	Disposition of Offense(s)	Date of Disposition(s)
NA			

* attach separate sheet if more space is necessary.

30. Drug Use/Alcohol Related Incidents NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.

Drug/Alcohol Used	Amount Taken	Frequency of Use	Date Last Used
NA			

* attach separate sheet if more space is necessary

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Applicant's Name (Last, First, MI)

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31. Previous applications/attendance to any commissioning programs

Program	Sponsor Service	Date	Results (Selected but declined position or non-selection)
NA			

* attach separate sheet if more space is necessary

PERSONNEL SECURITY INFORMATION. Required for applicants for OCS, MLCB, and MSC TEP ONLY. This section must be completed by the Command Security Manager. Applications will be returned if this section is not completed. NOTE: If you possess a current background investigation, the Electronic Personal Security Questionnaire (EPSQ) is NOT required. See Chapters 4, 5, and 6 for further guidance.

32. Type of background investigation. ENTNAC NAC OTHER

33. Investigating Agency e.g., DOD, FBI, State Department

Date of Investigation _____

34. Command Security Manager verification of current ENTNAC or NAC.

Security Manager Name and Rank (Print)

Work Phone

Security Manager Signature and Date

DSN

35. Initial one of the following two blocks: I certify that I _____ am/ _____ am not under BUPERS permanent change of station (PCS) orders. If I am, I further certify that my command has advised BUPERS by message to hold my orders in abeyance, and that I will not transfer prior to final disposition of my application. (For OCS applicants only.)

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; Title 10 United States Code, Section 532, and 2122, 12209, 12241 which prescribes qualifications for appointment in the Armed Forces of the United States, information regarding your educational background, involvement with law enforcement agencies, juvenile, traffic, criminal, or other, including foreign countries, drug usage, physical problems or prior processing, whether for U.S. Navy or branches of the services notwithstanding. Executive Order 9397 authorizes the solicitation of the Social Security Number (SSN). Deliberate concealment or false representations may result in disenrollment, and the Uniform Code of Military Justice (UCMJ) Article 83 authorizes a fine and/or imprisonment for fraudulent appointment.

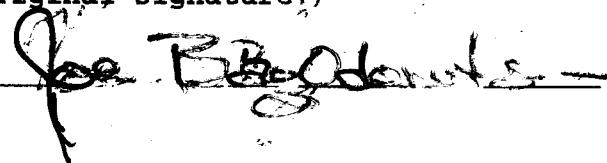
PRINCIPAL PURPOSES: To determine the applicant's eligibility for appointment into the United States Navy. The information provided is **FOR OFFICIAL USE ONLY** and may become a permanent part of your service record and will be maintained and used in strict confidence in accordance with Federal Law and Regulations. The Social Security Number will be used to verify, identify, and locate existing records.

ROUTINE USES: To obtain background information from the application to determine applicant's qualifications for commission and programs leading to commission. If prosecuted by the Federal Government for fraudulent appointment, the collected information may be released to the Department of Justice.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security Number may result in denial of appointment into the United States Navy. If after you are appointed, it is found that you concealed a record, you may be discharged from the U.S. Navy as a fraudulent appointment and may be subject to a fine and/or imprisonment.

I certify that the above information is correct. (Please note, duplicate applications require original signature.)

Applicant's Signature



Date 19 May 03

Applicant's Name (Last, First, MI)

JOE BAG'ODONUTS

Rate/Rank

SSN

YN1/E6

123-45-6789

PERSONAL STATEMENTS

1. For all applicants, including Nurse Corps, use the space provided to describe the following in detail: (Limit your statement between 200 and 250 words)

- Reason for applying for a commission
- Personal and professional goals
- Strengths/personal characteristics you possess which will contribute to success in the program(s) to which you are applying. Address any other relevant information or substantial accomplishments not already covered.

"I, **Joe Bagodonuts** , if selected for appointment under the Active Duty CWO Program, do agree to remain on active duty for a period of **four** years subsequent to acceptance of such appointment."

I know that I can do the job. I previously completed Aviation Ordnance Officers Career Progression Course Level 1 with a GPA of 95.73, proving I have the mental capability required of the designator. I have diversified my career to the best of my ability. I have been a weapons loading Quality Assurance/Safety Observer and Collateral Duty Quality Assurance Representative for the F/A-18, A-6E, EA-6B, H-60, and H-3 aircraft. I have been a "Full Systems Quality Assurance Representative" and designated "Safe For Flight" for the EA-6B. I was selected as Commander Electronic Attack Wing Ordnanceman of the Year for 2000. Currently I am a qualified weapons loading instructor designated as a "Master Training Specialist". I possess the knowledge and expertise to be successful in this career path. I can make a difference, for those around me and those who work directly for me. Currently I am under orders to VFA-2 and look forward to the Super Hornet transition. I value what has been passed on to me during my career and would thrive the opportunity to serve as a Naval Officer, the "GUNNER". "I CHALLENGE YOU, TO CHALLENGE ME".

2. Discuss what the Navy's Core Values (honor, courage, commitment) mean to you and how you think they will apply to you as an officer in the U.S. Navy.

Values have been around longer than the label "Navy Core Values". Each and every one of us has our own ideas and beliefs of what these mean to us. I was raised with values. I believe in them and live by them. Commitment is what my grandparents taught me, with their marriage of 75 years. That is my idea of commitment. I feel as strong in my commitment to Naval Service as they did for each other. Courage to me is standing up for what you believe in and pressing forward even when you have been told it will not happen. Honor is the result of doing what is right combined with personal commitment and courage. After seventeen years of Naval service and having a family through it all has tied all three core values together on a daily basis. I have a responsibility to the Navy and my family in doing what is right for each. My continued success is dependent on my values and the Navy's Core Values and ensuring that they are followed. I will continue to uphold the Navy Core Values as I always have during my career when commissioned.

Applicant's Name (Last, First, MI)
JOE BAGO'DONUTSRate/Rank SSN
YN1/E6 123-55-6789

PERSONAL STATEMENTS (Cont.)

3. Address any waiver requests, for example age, education, Time in Service, Time in Grade, requirements, etc. (If applicable)

None

1. Continued

"A statement of my complete naval service is as follows:

BRANCH	ENLISTED	DISCHARGED	TIME LOST		
			DO TO	INACTIVE	ACTIVE
USN-R	86-05-31	86-06-25	NONE	00-00-26	
USN-R	86-06-26	89-03-16	NONE		02-08-21
USN	89-03-17	92-03-15	NONE		02-11-29
USN	92-03-16	98-05-14	NONE		06-01-29
USN	98-05-15	00-01-27	NONE		01-08-12
USN	00-01-28	03-10-01	NONE		03-08-03

					17-03-06

The following enclosures are included: Encl (1) Interviewer's Appraisal Sheets - 3; Encl (2) GED Certificate copy - 1; Encl (3) Color Vision Test - 1; Encl (4) Block 23 cont. - 1; Encl (5) Block 27 cont. - 1; Encl (6) Block 29 cont. - 1; Encl (7) SMART Transcript.

Applicant's Name (Last, First, MI)

Rate/Rank SSN

JOE BAGO'DONUTS

YN1/E6

123-45-6789

COMMANDING OFFICER'S RECOMMENDATION

Commanding Officer Name I. M. BOSS, CDR, USNCommand USS NEVERSAIL (DD-549)

Street Address

City FPO AE 09587-2301 State Zip Work Phone (901) 123-4567 DSN 555-1212 FAX 555-1212

Please evaluate the candidate in the following areas:

TRAITS	OUTSTANDING	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY
Leadership Potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical/Rating Knowledge (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officer Potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the candidate meet all physical requirements? Yes NoIs the candidate world wide assignable? Yes NoIs the candidate under BUPERS PCS orders? Yes No. If yes, I certify that my command has advised BUPERS by message to hold orders in abeyance, and that I will not transfer the member prior to final disposition of application.Member ranked 1 out of 1 current applicants for the same program from my command.

Remarks. Please provide in the space on the next page your personal recommendation and certification that the applicant meets eligibility requirements for the programs for which he/she is applying. Also provide amplifying information which would help a board in making a selection determination. Address and make recommendation if applicant requests a waiver of any program eligibility requirement. (For LDO/CWO applicants only: Address qualifications for each designator listed in application. No "By direction" signatures will be accepted.)

Forwarded, highly recommending selection for the LDO Administration 641X program. All required documents have been verified for accuracy and completeness and are attached as enclosures. The applicant is eligible in all respects.

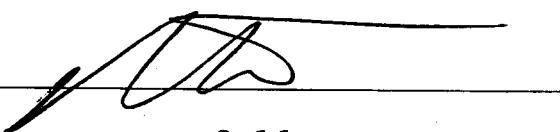
a. Petty Officer displays exceptional professionalism and military bearing. He has demonstrated mature leadership and effective management skills while managing yeoman and diver divisions. He is currently #1 of 20 First Class Petty Officers onboard and my Sailor of the Year.

b. I have complete confidence in his ability to excel as a Naval Officer and would be honored to have him as a member of my Wardroom.

c. He has currently displayed a positive attitude towards naval service and strong motivation towards a career as an Officer in the Navy. His background and ability make him an ideal candidate. Based on his proven performance and my direct observation of his abilities, he has earned my strongest recommendation for a commission as a Naval Officer. My #1 Candidate. A must select for LDO Admin.

(For OCS candidate(s), include date available for transfer. I further certify that the member is not under orders, or if under orders that I have complied with direction not to transfer member until final disposition of applicant package.) By your signature you are certifying that this candidate meets program eligibility requirements and that any waiver request(s) has been addressed. Please note duplicate applications require original signature.

Signature
OPNAV 1420/1 (Rev. 07-02)



Date

5/20/03
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Applicant's Name (Last, First MI)
Joe BAGODONUTS,

Rate/Rank
YN1/E6

SSN
123-54-6789

PERSONAL HISTORY CONTINUED

24. Personal Awards (Attach one copy of each award citation)

AWARD	COMMAND (Short Title)	Date Awarded
LOC	COMSUBGRU TWO	Feb94-Jul97

25. Service Schools CONTINUED

Name and Location of School Attended	Date of School	Class Standing (if applicable)
First Class Petty Officer Leadership Course	13DEC02	
Auxiliary Security Force Phase I	14DEC98	
Second Class Petty Officer Leadership Course	28AUG98	
Non-Diving Supervisor	28JUN98	
Legal Clerk Course (S-512-0009)	5JUN98	

REQUEST FOR VERIFICATION OF BIRTH

1. DATE OF REQUEST
(YYYYMMDD)
2001/05/19Form Approved
OMB No. 0704-0006
Expires Dec 31, 2001

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 7000 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

LEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS LISTED AT THE BOTTOM OF THE FORM.

SECTION I (Fill in every item in this section)

2. FULL NAME OF CHILD AT TIME OF BIRTH (Last, First, Middle Names)

3. SEX (X) 4. DATE OF BIRTH
 MALE (YYYYMMDD)
FEMALE 1955/12/01

BAGODONUTS, FRED

5. PLACE OF BIRTH

a. CITY

San Nicolas 2nd, Sasmuan

b. COUNTY

Philippines

c. STATE

N/A

6. FULL NAME OF FATHER (Last, First, Middle Names)

7. MAIDEN NAME OF MOTHER (Last, First, Middle Names)

BAGODONUTS, SAM, EDWARD

SMITH, SARA, LYNN

8. PERSON MAKING REQUEST

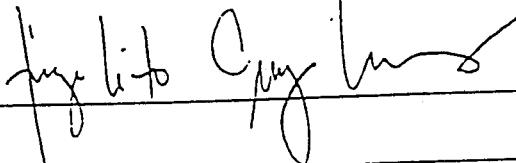
a. NAME (Last, First, Middle Initial)

BAGODONUTS, JOE T.

b. RANK/GRADE

E-6

c. SIGNATURE



d. TITLE

N/A

SECTION II (For use of vital statistics only)

9. CORRECTIONS OF ABOVE STATEMENT MADE ACCORDING TO FACTS ON FILE BY:

a. NAME (Last, First, Middle Initial)

b. ORGANIZATION

c. ADDRESS

(1) STREET

(2) CITY

(3) STATE

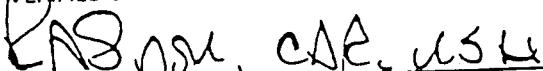
(4) ZIP CODE

This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are confidential and cannot be used in any manner except for official purposes.

10. CERTIFICATE NUMBER

11. FILE DATE (YYYYMMDD)

12. VERIFIED BY (Signature)


13. DATE SIGNED
(YYYYMMDD)

20010519

WHS Dior, Dec 93

DD FORM 372, DEC 1998 (EG)

PREVIOUS EDITION IS OBSOLETE.

FOLD TO OUTSIDE

RETURN TO RECRUITER STATION:

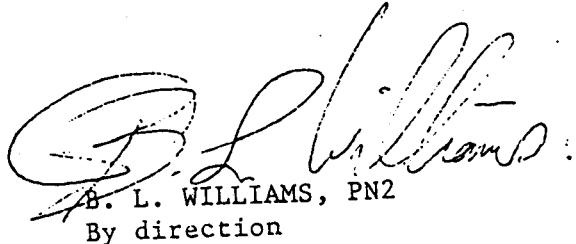
Enclosure (2)

ADMINISTRATIVE REMARKS
NAVPERS 1070/813 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION PERSUPPDET PENSACOLA, FL. UIC: 43081 421 SAUFLEY ST SUITE B, PENSACOLA FL 32508

04 JUNE 2002: Sworn in as a citizen of the United States of America this date 21 August 1992 at Philadelphia, PA. by the Attorney General and signed by the Commissioner of Immigration and Naturalization Services, Joe BAGODONUTS. INS Registration NO. A 72 004 031 and certificate NO. 20050781.



B. L. WILLIAMS, PN2
By direction

NAME (Last, First, Middle)

Bagodonuts

SSN

123-45-6789

BRANCH AND CLASS

USN



PERS-801G4

POC : MR. Ivan "Butch"

DeBaecke

DSN: 882-3172 COMM: (901) 874-3172

FAX: DSN: 882-2620

EMAIL:

ivan.debaecke@navy.mil